Warwickshire North Clinical Commissioning Group Equality Delivery System Action Plan

1. Better health outcomes									
The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results									
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities									
What is the issue?	**Which protected characteristic is the focus of this issue?**	**What engagement have we carried out about this issue and with what result?**	**What action are we planning to take?**	**What is our current position? What evidence do we have?**	**RAG rating April 2014**	**Executive Lead**	**Target**	**Evidence of progress to date January 2015**	**RAG rating April 2015**
Local data suggests a under diagnosis or under recording of CHD in primary care. In addition, mortality from CVD locally is significantly higher than in England (44.98 rate) for both North Warwickshire and Nuneaton and Bedworth. National evidence shows that mortality from IHD is more likely to affect Asian populations and less likely to affect Black populations than white ones but both Asian and Black populations are more likely to be affected by stroke than white populations http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1767706/	Race, Disability, Gender, Mental Health Service users	The local patient opinion, gathered from the patient workshop held in April 2013 identified that, critical for the future patients needed: 1. Access to services (refers to an individual's ability to receive a referral to a service). 2. Information (refers to literature or other materials being available). 3. Communication (refers to communication between individuals and organisations regarding patients and their treatments/ transfers etc.). January 2014 session held with "vision for quality" patient group.	Cardiovascular disease is part of our "Vision for quality". Details of what we plan to do are contained there. There are plans to have further Warwickshire North CCG wide Protected Learning Time (PLT) for GP practices and their clinical staff. Cardiovascular Disease training will be a priority in these sessions. Community Echocardiogram has been commissioned and services commenced beginning of 2014. This would help to manage referrals and therefore reduce waiting times. We are planning to hold a BME event in September to raise awareness of healthy living. CVD programme board has been established and will develop an action plan to address these issues and will oversee this work.	The average % of Black and Asian people in the population is 4% (7% in Nuneaton and Bedworth and 1% in North Warwickshire) but the number of 'spells' recorded for admissions with a Transient Ischaemic Attack (TIA) of patients of Black or Asian origin is only 3%, for stroke it is 1.5% and for heart failure, 3%.		Public Health Consultant	Initially, to identify all deaths in hospital caused by CVD by ethnicity	A Cardiovascular Disease Work Programme including Heart Failure, Stroke and TIA has been developed. The work programme sets out; Outcome ambitions, Proposed actions, the time scale and the outcome. More information is available on request Rachel Robinson from public health is the consultant lead for CVD. Deaths from CVD have been mapped by locality to enable targeted work with local communities. Work is underway to work with the communities. See appendix 1.1a NHS Arden CSU ran Vision for Quality engagement events. See appendix 1.1b NHS Arden CSU coordinated Health Aware Communities event in Nuneaton which had a large turn out from BME communities. See appendix 1.1c	

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The population of WNCCG is ageing. In North Warwickshire the over 65 population is expected to grow by 60% by 2030 (48% Warwickshire). In Nuneaton and Bedworth the growth is projected at 43%.	Age	At the voluntary sector workshop on 19 June 2013 the Frailty Group considered 'what is important for the future?' Information, awareness and transport were the priority themes, with community transport being important, as well as reaching harder to reach groups and providing information on available services.	The work on developing a Community Health Integrated team to 'wrap around' groups of practices has already been implemented. The next step will be to include other health and social care teams and the voluntary sectors.There are also plans to include a Geriatrician to support the 'wrap around' team/service.GP practices are signed up to using Risk Stratification which help determines which top 2% people in the population are at high risk of experiencing outcomes, such as unplanned hospital admissions, that are simultaneously undesirable for patients and costly.	Currently the community health services have been piloting the 'wrap around' with GP practices which supports admission avoidance especially for frail population. The Better Care Fund pooled budgets arrangement between health and social care will enable the full integration of health and social care services which will further enhanced the 'wrap around' with GP practices. This will provide a seamless health and social care service to GPs and patients.		Director of Integration and Membership	Reduce inappropriate admissions of over 65s to hospital. Decrease length of stay for patients over the age of 65.	Admission Avoidance ES Risk stratification meetings have been set up and patients are proactively discussed to identify those at risk. See appendix 1.1d and 1.1e	
People with long term condition can experience an uncoordinated approach to their care. The Equality Act 2010 definition of disability is: a physical or mental impairment that has lasted, or is likely to last, for at least 12 months, which has a substantial adverse effect on your ability to carry out day to day activities. This includes impairments that are being managed through medical treatment which would otherwise have a substantial adverse affect if they were not being treated.	Disability	No specific engagement has occurred to date	We will ensure that a register of people with long term conditions is maintained. We will take action to ensure that these patients are proactively case managed and are empowered to manage their condition. Living well for longer	We have identified long term conditions as our local quality premium measure. We aim to increase the number of people aged 18 or more reporting that they feel better able to manage their condition. We are currently carrying out a risk stratification of practice caseloads.		Director of Commissioning	A target of 69.6% has been set.	Risk stratification of GP practice lists has been completed and many of the GP practices are now actively using the tool to target help and support at those individuals most at risk. The CCG is looking to pilot Integrated Teams in a small number of GP practices which will also help improve the active case management of these individuals, providing them with the help and support they need or signposting them to other help and support available as appropriate.	

1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities									
What is the issue?	**Which protected characteristic is the focus of this issue?**	**What engagement have we carried out about this issue and with what result?**	**What action are we planning to take?**	**What is our current position? What evidence do we have?**	**RAG rating April 2014**	**Executive Lead**	**Target**	**Evidence of progress to date January 2015**	**RAG rating April 2015**
Lesbian, gay and bisexual people have been identified a community that represent a significant minority amongst our population which suffers from health inequalities as a result.http://stonewall.org.uk/documents/prescription_for_change_1.pdfhttp://stonewall.org.uk/documents/stonewall_gay_mens_health_final_1.pdf	Sexual orientation	We have identified that we have not engaged with the particular group.We will need to determine and identify if there are any issues in Warwickshire North for this group in accessing services.	The E&D officer within Arden Commissioning Support will work with key organisation such as Terence Higgins Trust and Mojo as a mechanism to engage with and involve the LGB community in the development of local health services.	The CCG has jointly commissioned some services for this group of patients with Warwickshire County Council through the contributions made to voluntary sector services. We are seeking to remove barriers to access		Director of Integration and Membership	A fully participatory population and the development of health services which meet the needs of its users. Representation of Lesbian, gay bisexual and transgender (LGBT) individuals/groups within CCG engagement activities.Involvement and attendance by CCG at LGBT groups/forums.Service development or changes to consider LGBT community views.	The CCG has committed to being involved in Warwickshire Pride 2015. This will give the CCG the opportunity to engage with a fairly hidden community in the county and aims to recruit members of this community to the Health Champions scheme	
COPD is under recorded in primary care and deaths from respiratory disease in the area are significantly high for 65 – 84 year olds.	Disability	No specific engagement has occurred to date.	We have a primary care Local Enhanced Service to develop and deliver integrated patient focused services, for individuals with COPD. The initiative is currently being commissioning under Primary Care Enhanced Services scheme and the service specifications are being reviewed; specification due for completion in December 2014.	Based on 2013/14 data, Practices actively participating in the LESs are not showing a lower proportion of emergency admissions where the primary diagnosis is COPD in comparison to other Warwickshire North CCG Practices not participating in the LES. (NB Actual numbers reported are small and therefore it is difficult to form solid conclusions from the data).		Director of Integration and Membership	A reduction in avoidable hospital admissions, timely diagnosis and treatment through the use of appropriate assessment and spirometry at general practices. To ensure there are no overlaps with QOF	The service specifications are currently under review with updated versions dud to for completion December 2014. See appendix 1.1d and 1.1e	

1.2 Individual people's health needs are assessed, and met, in appropriate and effective ways

What is the issue?	Which protected characteristic is the focus of this issue?	What engagement have we carried out about this issue and with what result?	What action are we planning to take?	What is our current position? What evidence do we have?	RAG rating April 2014	Executive Lead	Target	Evidence of progress to date January 2015	RAG rating April 2015
17.26% of women smoked during pregnancy. This rate is increasing. Pregnant women who smoke are 25% more likely to suffer a miscarriage. (Department of Health 2007).	Gender	With individual women during antenatal attendances. We are planning to carry out engagement Via Smoking Cessation Groups	Advice to pregnant women is already included in the Quality Schedule. We will support our colleagues in Public Health. 36 week check in acute contracts to ensure that 100% of pregnant women are offered CO monitoring in Warwickshire North. Women have CO monitoring on booking and again at delivery. We will promote the uptake of stop smoking services	17.26% of women smoke during pregnancy (12/13 data from Public Health). This is included in GEH's contract in 2014/15		Executive Nurse	100% of pregnant women being offered CO monitoring and smoking cessation support. Reduce to UK average of 13%	Work with the Provider ensuring that pregnant women are being offered appropriate CO monitoring and smoking cessation support continues. This activity continues into 2015.	
Data suggests an under diagnosis of stroke in primary care.There is a gap of 500 patients between expected and observed	Disability	With the support of Public Health engagement on health checks has been undertaken Engagement sessions on stroke services with patients and the voluntary sector have confirmed a need to focus on prevention	We are putting in place a programme of work for primary and secondary prevention which includes health checks and case finding of atrial fibrillation.	The estimated prevalence is 2.9% compared to the GP practice registers of 1.7% (JSNA update).		Clinical lead	Increase Practice registers to at least 2.5%	The Stroke consultation board is tasked with improving stroke service outcomes across Coventry & Warwickshire. Stroke services are being reviewed with financial and clinical modelling to understand how services could be improved. This activity continues in 2015.	

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Variability in stroke services and lack of early supported discharge /community rehabilitation services	Age and disability	Topic included at locality PPI focus group consultations planned as part of vision for quality. Patients and carers identified long lengths of stay in hospital to receive rehabilitation.	System wide review and transformation of stroke pathway including development of early supported discharge/community rehabilitation service	Variability of achievement of national stroke targets across providers. System wide programme board established.		Executive Nurse	Improved outcomes for patients following a stroke	Stroke consultation board is tasked with improving stroke service outcomes in Coventry & Warwickshire. Website being built for all progress updates, modelling different opinions. Stroke services are being reviewed with financial and clinical modelling to understand how services could be improved. This activity continues in 2015.	
Whilst WNCCG has lower cancer incidence, mortality is amongst the highest in Warwickshire particularly in the under 65s. This suggests late detection of cancers. Screening uptake also varies across the area.	Disability	No specific engagement has occurred to date.	We will work with our GP colleagues to increase detection. During the GPs Protected Learning Sessions which there are going to be 6 for 2014/15, Cancer care is going to be one of the priorities of these sessions and the issue about early detection and diagnosis of cancer will be discussed as an integral part of the cancer care pathway..	The incidence of cancer in North Warwickshire is 348 cases per 100,000 of the population which is lower than comparable CCGs		Clinical lead	Increase Practice registers to at least 352 per 100,000 population.	Following protected learning sessions in 2014, this activity is continuing in 2015 to support member practices in appropriately implementing the cancer care pathway	

1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed									
What is the issue?	**Which protected characteristic is the focus of this issue?**	**What engagement have we carried out about this issue and with what result?**	**What action are we planning to take?**	**What is our current position? What evidence do we have?**	**RAG rating April 2014**	**Executive Lead**	**Target**	**Evidence of progress to date January 2015**	**RAG rating April 2015**
Homeless people are high users of A&E services and if they become inpatients they can be discharged back onto the streets	Other disadvantaged groups	One to one with patients	GEH now has a Navigator to identify homeless patients, support GP registration, coordinate routes to accommodation, care, support, counselling and prevention.	Between 18.10.13 and 5.2.14, 21 referrals were made from GEH, of which 16 were accepted, 5 of whom were 'frequent fliers' Coventry University is carrying out an evaluation of the project.		Director of Commissioning	Increase in GP registration. Reduction in A&E attendance to be evidenced by final report	The initial findings of the project evaluation demonstrated that this was effective in supporting vulnerable homeless people and reducing attendances. Unfortunately due to various constraints, the service has now ceased. The CCG is currently exploring alternative options to provide this vulnerable group with the help and support they need.	

1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse									
What is the issue?	**Which protected characteristic is the focus of this issue?**	**What engagement have we carried out about this issue and with What result?**	**What action are we planning to take?**	**What is our current position? What evidence do we have?**	**RAG rating April 2014**	**Executive Lead**	**Target**	**Evidence of progress to date January 2015**	**RAG rating April 2015**
After the Winterboune View report, we needed to review all of our LD patients who had been in hospital for more than a year to reassure ourselves that their placement was still appropriate.	Disability	Engagement has been carried out one to one with patients and carers via clinical teams	All patients were reassessed This work is to be extended to non hospital placements and also including Children in out of area placements	All patients have been repatriated. We currently have no patient falling within the Winterbourn e View definition in hospital out of area		Executive Nurse	Met	This action continues to be reviewed in order to ensure that any patients which may fall within the Winterbourne view definition are appropriately supported.	

1.5 Screening, vaccination and other health promotion services reach and benefit all local communities

What is the issue?	Which protected characteristic is the focus of this issue?	What engagement have we carried out about this issue and with what result?	What action are we planning to take?	What is our current position? What evidence do we have?	RAG rating April 2014	Executive Lead	Target	Evidence of progress to date January 2015	RAG rating April 2015
Uptake of influenza vaccinations is lower than we would like amongst staff groups and at risk groups	Age and disability	Via letters from GP plus national campaigns	Flu campaign. Use of pharmacists to increase uptake. Use of paediatrics.	70.2% in over 65s, 51.1% in people at risk 43% pregnant women in 2013/14		Public Health Consultant	75% in at risk	Flu uptake (%) for immunisations up to 31st October 2014 in at risk ENG 34.9%, Warwickshire North CCG 38.2%, uptake is lower in Children but still above the West Midlands average. Work is taking place with practices and pharmacists to promote the campaign. Further press releases due w/c 8th December. See appendix 1.5a	
Vaccination rates in gypsy and traveller communities is very low due to difficulties registering with primary care and lack of uptake of vaccination services once registered.	Race	Via Warwickshire County Council's gypsy and traveller liaison lead. We will look to commission Warwickshire Race Equality Partnership to carry out some research with this community on our behalf.	Work with member practices to encourage registration of this group. Work with gypsies and travellers to increase registration and uptake rates. JSNA needs assessment to be undertaken in conjunction with Warwickshire County Council	Data currently not available		Public Health Consultant	Vaccination rates to increase Provision of culturally sensitive services	The CCG has committed to working with Public Health on the Gypsy and Traveller Needs Assessment. This needs assessment will be undertaken by the Gypsy and Traveller Lead at Warwickshire County Council. Further work will be commission members of the community to do further engagement and proactive work. See appendix 1.5b	

2. Improved patient access and experience

The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience

2.1 People, carers and communities can readily access hospital, community health or primary care services, and should not be denied access on unreasonable grounds

What is the issue?	Which protected characteristic is the focus of this issue?	What engagement have we carried out about this issue and with what result?	What action are we planning to take?	What is our current position? What evidence do we have?	RAG rating April 2014	Executive Lead	Target	Evidence of progress to date January 2015	RAG rating April 2015
Waiting time for CAMHS assessment and treatment is too long.	Age and Disability	We are working in partnership with CWPT WN CCG engaged in CAMHS redesign co-production process being delivered in partnership with CGGs and LAs in Coventry and Warwickshire	A full quality review is planned July 2014, this will inform wider service review and subsequent commissioning decisions. Ensure KPIs are embedded in the service contract to allow ease of monitoring and that action plans are in place to reduce waiting times. CAMHS redesign project has two workstreams: a) Co-produce a new comprehensive CAMHS Model b) Develop options for joint commissioning	A commissioning CAMHS board has been established. A demand and capacity review is complete and data from national benchmarking is available CAMHS Redesign project and board established. Co-production sessions underway and due to be completed Jan '15. New model to be proposed for wider engagement Jan-Mar '15		Director of Commissioning	Timely assessment and treatment by CAMHS. Reduced waiting times for CAMHS services. Redesign comprehensive CAMHS system based on outcomes co-produced by stakeholders (inc service users, parents/carers, providers and referrers)	Case for Change (based on co-produced model and options for Joint Commissioning) out for approval by six local commissioning organisations CAMHS data has been produced regarding this. See appendix 2.1	
Access to memory assessment service is too long	Age and disability	We are working in partnership with CWPT A Patient Forum was held on 29 April 2013, access to services (that is an individual's ability to receive a referral to a service) was high on the agenda, as was information/awareness and communication.	Review of the wider pathway and service specification to ensure fit for purpose and meets demand	Measures in place to ensure urgent patients are seen in timely manner. Additional one off funding to address immediate waiting list.		Director of Commissioning	The Memory Clinic is a one-stopshop, with all results available on the patient's initial attendance.	Average waiting time to be seen is currently 12 weeks. Further data validation work of the waiting list is being carried out and the Trust continues to work towards achieving an average waiting time to be seen of 8 weeks.	

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People with learning disabilities (LD) may not be able to live independen tly and often have much poorer health outcomes than people without a disability. Sometimes their physical health is relatively neglected by health services as services focus on their learning disability.	Disability	Work with our GP Colleagues to increase the uptake of the clinical directed enhanced service (DES) which covers annual health checks for people with learning disabilities.	Work with the Local Area Teams, to identify practices not signed up to DES. Encourage practices to: i) Sign up to LD Direct Enhanced Service, ii) Liaise with Local Authority (LA) update LD and LD health check registers. Practices update, maintain and share their LD registers with LA and Warwickshire North CCG practices. CCG provides training to Primary Care multi-professional staff to ensure robust management of patients identified with LD needs.	27 out of 28 practices have signed up for the DES in 2013/14. This is one more than last year. Figures for 12/13 show that although 26 practices were signed up, only 17 recorded any LD patients on their register. The number of patients ranged from 5 at one practice to 93 at another. Of those who did register patients, two practices had not carried out the check up. Of those who had carried out check ups, the average was 56% of registered patients. This ranged from 11% in one practice (only 4 patients receiving a health check out of 35 registered patients) to 100% (four out of four patients).		Director of Integration and Membership	All practices who are signed up to have recorded the number of LD patients on the register and to have carried out the health check on at least 60% of registered patients.	Work is continuing with member practices to support improvements in recording their LD patients and ensuring health checks are undertaken. This activity continues in 2015.	

2.2 People are informed and supported to be as involved as they wish to be in decisions about their care

What is the issue?	Which protected characteristic is the focus of this issue?	What engagement have we carried out about this issue and with what result?	What action are we planning to take?	What is our current position? What evidence do we have?	RAG rating April 2014	Executive Lead	Target	Evidence of progress to date January 2015	RAG rating April 2015
Choose and Book is under used by GPs in the area.	All	With our GP members. A clinical lead has been identified to support this work.	To work with GP practices to better understand the issues preventing a greater take up of Choose and Book. Encourage providers to make all services bookable. Prepare for the implementation of e:referal from November 2014	Choose and Book utilisation has increased through the year from an average of 17% to 21% but this is still below the level we would want to see. 9 Practices do not use the system at all. Of those who do, rates vary between 2% and 78% of referrals being made using C&B vs. paper referrals.		Director of Commissioning	Increase utilisation to all practices with an average of 50% of bookings to be made via choose and book.	Work is continuing with member practices to support improvements in the utilisation of Choose and Book. This activity continues in 2015.	

2.3 People report positive experiences of the NHS									
What is the issue?	**Which protected characteristic is the focus of this issue?**	**What engagement have we carried out about this issue and with what result?**	**What action are we planning to take?**	**What is our current position? What evidence do we have?**	**RAG rating April 2014**	**Executive Lead**	**Target**	**Evidence of progress to date January 2015**	**RAG rating April 2015**
Surveys of patient's experiences in primary care are not as good as we would wish them to be	All	Using the Patient Survey.	To work the Local Area Team to support our member practices to better understand the issues and discuss and agree what action can be taken to improve patient experience. Work with WN Patient Group Forum	An average of 76% of patients would recommend their practice. This ranges from 49% up to 97%		Director of Integration and Membership	To increase the average from 76% to 80% with a minimum of 55% for each practice.	Work is continuing with the Area Team and member practices to support improvements in patient feedback. This activity continues in 2015.	
Patient surveys and complaints from all providers.	All	We work in partnership with providers as well as collecting feedback from all of our engagement and listening events.	Providers are reviewing their internal processes for collecting, analysing and acting on feedback and have invited CCG membership. CQUIN developed to support 6C's embedded across organisations	Trends are identified at the Clinical Quality and Governance Committee and discussed with a clinical team. Reports from providers discussed at CQR. CQUINS to drive the roll out of the FFT. Participation in the regional patient experience network		Executive Nurse	To provide the best possible patient experience for our population. Themes and repeat occurrences addressed and action taken.	The CCG continue to closely monitor the response rates and scores for the Friends and Family Test. The most recently reported data (October 2014) showed the following: A&E – 94% of respondents would recommend the service (with a 54% response rate) Inpatients – 94% would recommend the service (with an 40.5% response rate) The CCG continues to participate in the regional patient experience network. The CCG has developed a patient and public intelligence dashboard and this is reviewed at the CQSG Committee.	

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<tr><td>To improve patient experience of care at GEH and more specifically improve the uptake of friends and family test at GEH Accident and Emergency Department is low.</td><td>All</td><td>Working with colleagues in the provider Trusts.</td><td>To request the Trust to provide an action plan outlining what action will be taken to obtain feedback on the Accident and Emergency service at GEH.</td><td>A&E response rate less than 10% with a score of approximately 70%</td><td></td><td>Executive Nurse</td><td>To improve response rates to 30% of A&E patients to the friends and family test at GEH. To improve patient experience of secondary care.</td><td>The CCG continue to closely monitor the response rates and scores for the Friends and Family Test. The most recently reported data (October 2014) showed the following:
A&E – 94% of respondents would recommend the service (with a 54% response rate)

NHS England now calculates and presents the FFT results as a percentage of respondents who would/would not recommend the service to their friends and family.

The recommend % results provided by NHS England includes patients who had selected extremely likely and likely. The not recommend % includes patients who had selected extremely unlikely and unlikely. The results provided by NHS England do not include patients who had selected 'don't know' category.

FFT data published by NHS England shows that GEH A&E response rate has significantly increased since April 2014 and is well above the national average. The Trust has been actively encouraging patients to complete FFT.
<table>
<tr><th>Provider</th><th>Apr-14</th><th>May-14</th><th>Jun-14</th><th>Jul-14</th><th>Aug-14</th><th>Sep-14</th><th>Oct-14</th></tr>
<tr><td>GEH</td><td>11.7</td><td>13.2</td><td>33.0</td><td>35.6</td><td>42.1</td><td>40.5</td><td>54.4</td></tr>
<tr><td>England</td><td>18.6</td><td>15.2</td><td>20.8</td><td>20.2</td><td>20</td><td>19.5</td><td>19.6</td></tr>
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FFT Statistics show the percentage of respondents who would recommend GEH has increased since the survey has been introduced.
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<tr><th colspan="3">Recommend</th><th colspan="3">Not Recommend</th></tr>
<tr><td>Provider</td><td>Sep-14</td><td>Oct-14</td><td>Provider</td><td>Sep-14</td><td>Oct-14</td></tr>
<tr><td>GEH</td><td>86%</td><td>90%</td><td>GEH</td><td>10%</td><td>5%</td></tr>
<tr><td>England</td><td>86%</td><td>87%</td><td>England</td><td>7%</td><td>6%</td></tr>
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Improve patient experience of care at GEH and more specifically improve the uptake of friends and family test at GEH	All	Working with colleagues in the provider Trusts and other CCGs who are the primary commissioner of our other provider services	To request the Trust to provide an action plan outlining what action will be taken to obtain feedback.	Inpatient response rate approximately 30% with a score of approximately 80%.		Executive Nurse	To improve response rates to 50% of inpatients to the friends and family test at GEH. To improve patient experience of secondary care.	The CCG continue to closely monitor the response rates and scores for the Friends and Family Test. The most recently reported data (October 2014) showed the following: Inpatients – 94% would recommend the service (with an 40% response rate)	

2.4 People's complaints about services are handled respectfully and efficiently									
What is the issue?	**Which protected characteristic is the focus of this issue?**	**What engagement have we carried out about this issue and with what result?**	**What action are we planning to take?**	**What is our current position? What evidence do we have?**	**RAG rating April 2014**	**Executive Lead**	**Target**	**Evidence of progress to date January 2015**	**RAG rating April 2015**
Complaints are currently monitored during quality meetings with providers. Information on protected characteristics is not currently collected and therefore no patterns can be detected.	All	We have worked with our main provider (GEH) on format and content of complaints reports and agreed that we will continue to do this.	1. Ask main provider (GEH) if they collect data on protected characteristics of complainants and if they to do include this in future reports. 2. If data is not collected, identify a process for collecting information on age, gender, ethnicity and disability at a minimum.	Data on Protected characteristics not currently collected. We would only know if the complaint was directly about a patient being treated disrespectfully because of their characteristic.		Director of Integrated Governance	To agree that all provider complaints reports to include information on age, gender, ethnicity and disability for all complaints received.	This information is not currently in provider complaints reports and the CCG is continuing to work with providers to improve the level of information reported.	

3. A representative and supported workforce

The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs

3.1 Fair NHS recruitment and selection processes lead to a amore representative workforce at all levels

What is the issue?	Which protected characteristic is the focus of this issue?	What engagement have we carried out about this issue and with what result?	What action are we planning to take?	What is our current position? What evidence do we have?	RAG rating April 2014	Executive Lead	Target	Evidence of progress to date January 2015	RAG rating April 2015
Base line data of AFC band by protected characteristics compiled	Base line data of AFC band by protected characteristics compiled.	Informal	Monitor and publish data where possible (numbers may be too low and there is no legal requirement)	Data available		Director of Integrated Governance	Publish base line information on website. Update annually	Due to low employee figure for the CCG it would be inappropriate to publish this as it would identify individuals. However, the CCG is committed to internally reviewing this issue and monitoring the protected characteristics of its employees.	

3.2 The NHS is committed to equal pay and for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations

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All staff are paid on AFC grades except medical staff. AFC is acknowledged to be a fair method of assessing equal work of equal value	All	None	No action required	Data available		Director of Integrated Governance	Results of matching panels available to staff and their representatives on request.	N/A	

3.3 Training and development opportunities are taken up and positively evaluated by all staff

What is the issue?	Which protected characteristic is the focus of this issue?	What engagement have we carried out about this issue and with what result?	What action are we planning to take?	What is our current position? What evidence do we have?	RAG rating April 2014	Executive Lead	Target	Evidence of progress to date January 2015	RAG rating April 2015
A record of staff training is kept		Via staff survey	Monitor	Data available		ACS – HR team	Annual report produced for Governing Body	http://www.warwickshirenorthccg.nhs.uk/About-Us/Key-documents/Annual-Report?Highlight=annual+report	

3.4 When at work, staff are free from abuse, harassment, bullying, and violence from any source									
What is the issue?	**Which protected characteristic is the focus of this issue?**	**What engagement have we carried out about this issue and with what result?**	**What action are we planning to take?**	**What is our current position? What evidence do we have?**	**RAG rating April 2014**	**Executive Lead**	**Target**	**Evidence of progress to date January 2015**	**RAG rating April 2015**
Policies are in place	All	Via staff survey	Monitor results and act where needed	Policies on line		ACS – HR team	Due to small numbers this will not be published.	Policies have been updated during 2014 to ensure fit for purpose.	

3.5 Flexible working options are available to all staff, consistent with the needs of the service, and the way people lead their lives									
What is the issue?	**Which protected characteristic is the focus of this issue?**	**What engagement have we carried out about this issue and with what result?**	**What action are we planning to take?**	**What is our current position? What evidence do we have?**	**RAG rating April 2014**	**Executive Lead**	**Target**	**Evidence of progress to date January 2015**	**RAG rating April 2015**
Flexible working polices are in place	All	Via staff survey	Monitor results and act where needed	Policies on line		ACS – HR team	Anonymised evidence available on request	Flexible working is in place. See appendix 3.5	

3.6 Staff report positive experiences of their membership of the workforce									
What is the issue?	**Which protected characteristic is the focus of this issue?**	**What engagement have we carried out about this issue and with what result?**	**What action are we planning to take?**	**What is our current position? What evidence do we have?**	**RAG rating April 2014**	**Executive Lead**	**Target**	**Evidence of progress to date January 2015**	**RAG rating April 2015**

4 Inclusive leadership

NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions

4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

What is the issue?	Which protected characteristic is the focus of this issue?	What engagement have we carried out about this issue and with What result?	What action are we planning to take?	What is our current position? What evidence do we have?	RAG rating April 2014	Executive Lead	Target	Evidence of progress to date January 2015	RAG rating April 2015
Governing Body has responsibilities under the Equality Act 2010	All	With Governing Body	Presentation given to Governing Body to inform them of their duties under the Equality Act 2010	Governing Body is aware of responsibilities		Chief Officer	Governing Body minutes	Training was delivered July 2014. Equality considerations are made at GB level; objectives and progress are reported to GB. See appendix 4.2a.	

4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed

What is the issue?	Which protected characteristic is the focus of this issue?	What engagement have we carried out about this issue and with What result?	What action are we planning to take?	What is our current position? What evidence do we have?	RAG rating April 2014	Executive Lead	Target	Evidence of progress to date January 2015	RAG rating April 2015
EIAs to Governing Body.	All	With Governing Body.	All appropriate business cases/ strategies/ policies to have an EIA performed and reported as part of normal procedure and submitted to Governing Body with other paperwork.	Governing Body is aware of responsibilities		Director of Integrated Governance	Governing Body minutes to evidence discussion of EIAs and other equality issues.	All policies contain an EIA. The EIA and equality are discussed in the context of the policies. See appendix 4.2 for template. In September 2014,the Governing Body discussed and approved updated HR policies which included consideration of equality issues.	

4.3 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination

What is the issue?	Which protected characteristic is the focus of this issue?	What engagement have we carried out about this issue and with What result?	What action are we planning to take?	What is our current position? What evidence do we have?	RAG rating April 2014	Lead	Target	Evidence of achievement to date April 2015	RAG rating April 2015